



PTO/SB/17 (10-03)

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| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>  |          | <b>Complete if Known</b>  |                          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
|--|----------|---|--------------------------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|------|-----|--------------------|----|-------------------------------------|--------|------|-----|-------------------|----|---|-----|------|-----|------------------|-----|---------------------------|-----|------|-------|--------------------|-------|--|-----|------|------|------------------------|------|--|--|------|--------|------|--------|---|--|--------------|-----|--------------|----|--|----------|----------|----------|----------|----------|---|----|------|-----|------------------------|-----|--|----|------|-------|-----------------------------------|-----|---|-----|------|-------|---------------------------------------|-------|--|----|------|-----|--|-----|------------------|----|------|-----|--|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|---------------------------------|--|--|--|--|--|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |          | Application Number  | 10/801,623               |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
|  |          | Filing Date   | March 15, 2004           |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
|  |          | First Named Inventor  | Chong-Sheng YUAN         |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
|  |          | Examiner Name   | Not Yet Assigned         |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 130.00   |          | Art Unit  | 1651                     |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
|  |          | Attorney Docket No.   | 466992001400             |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| <b>METHOD OF PAYMENT (check all that apply)</b>  |          | <b>FEE CALCULATION (continued)</b>  |                          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check   <input type="checkbox"/> Credit Card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other   <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account:<br/>Deposit Account Number: 03-1952<br/>Deposit Account Name: Morrison &amp; Foerster LLP</div></div> <div style="margin-top: 5px;">The Director is authorized to: (check all that apply)<br/><input checked="" type="checkbox"/> Charge fee(s) indicated below   <input type="checkbox"/> Credit any overpayments<br/><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br/><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>   |          | <b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>130.00</td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6">Other fee (specify) _____</td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b> (\$) 130.00</td><td></td></tr></tbody></table> |                          | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051               | 65 | Surcharge - late filing fee or oath | 130.00 | 1052 | 50  | 2052              | 25 | Surcharge - late provisional filing fee or cover sheet. |     | 1053 | 130 | 1053             | 130 | Non-English specification |     | 1812 | 2,520 | 1812               | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action   |  | 1251         | 110 | 2251         | 55 | Extension for reply within first month |          | 1252     | 420      | 2252     | 210      | Extension for reply within second month |    | 1253 | 950 | 2253                   | 475 | Extension for reply within third month |    | 1254 | 1,480 | 2254                              | 740 | Extension for reply within fourth month |     | 1255 | 2,010 | 2255                                  | 1,005 | Extension for reply within fifth month |    | 1401 | 330 | 2401   | 165 | Notice of Appeal |    | 1402 | 330 | 2402   | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> (\$) 130.00 |  |  |  |  |  |
| Large Entity   |          | Small Entity  |                          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)                 |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1051   | 130      | 2051  | 65                       | Surcharge - late filing fee or oath  | 130.00   |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1052   | 50       | 2052  | 25                       | Surcharge - late provisional filing fee or cover sheet.                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1053   | 130      | 1053  | 130                      | Non-English specification  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1812   | 2,520    | 1812  | 2,520                    | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1804   | 920*     | 1804  | 920*                     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1805   | 1,840*   | 1805  | 1,840*                   | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1251   | 110      | 2251  | 55                       | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1252   | 420      | 2252  | 210                      | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1253   | 950      | 2253  | 475                      | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1254   | 1,480    | 2254  | 740                      | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1255   | 2,010    | 2255  | 1,005                    | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1401   | 330      | 2401  | 165                      | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1402   | 330      | 2402  | 165                      | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1403   | 290      | 2403  | 145                      | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1451   | 1,510    | 1451  | 1,510                    | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1452   | 110      | 2452  | 55                       | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1453   | 1,330    | 2453  | 665                      | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1501   | 1,330    | 2501  | 665                      | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1502   | 480      | 2502  | 240                      | Design issue fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1503   | 640      | 2503  | 320                      | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1460   | 130      | 1460  | 130                      | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1807   | 50       | 1807  | 50                       | Processing fee under 37 CFR 1.17(q)  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1806   | 180      | 1806  | 180                      | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 8021   | 40       | 8021  | 40                       | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1809   | 770      | 2809  | 385                      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1810   | 770      | 2810  | 385                      | For each additional invention to be examined (37CFR 1.129(b))              |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1801   | 770      | 2801  | 385                      | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1802   | 900      | 1802  | 900                      | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| Other fee (specify) _____  |          |   |                          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| <b>SUBTOTAL (3)</b> (\$) 130.00  |          |   |                          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| <b>FEE CALCULATION</b>   |          |   |                          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b> (\$) 0.00</td><td></td></tr></tbody></table> |          | Large Entity  |                          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1001     | 770      | 2001 | 385 | Utility filing fee |    | 1002                                | 340    | 2002 | 170 | Design filing fee |    | 1003  | 530 | 2003 | 265 | Plant filing fee |     | 1004                      | 770 | 2004 | 385   | Reissue filing fee |       | 1005   | 160 | 2005 | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> (\$) 0.00                          |  |      |        |      |        | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <div style="margin-bottom: 10px;">Total Claims 21 -21** = <input type="text"/> x <input type="text"/> = 0.00<br/>Independent Claims 4 -4** = <input type="text"/> x <input type="text"/> = 0.00<br/>Multiple Dependent <input type="text"/> = <input type="text"/></div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b> (\$) 0.00</td><td></td></tr></tbody></table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p> |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                    | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                   | 86 | 2201 | 43    | Independent claims in excess of 3 |     | 1203                                    | 290 | 2203 | 145   | Multiple dependent claim, if not paid |       | 1204                                   | 86 | 2204 | 43  | ** Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> (\$) 0.00          |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| Large Entity   |          | Small Entity  |                          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)                 |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1001   | 770      | 2001  | 385                      | Utility filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1002   | 340      | 2002  | 170                      | Design filing fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1003   | 530      | 2003  | 265                      | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1004   | 770      | 2004  | 385                      | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1005   | 160      | 2005  | 80                       | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| <b>SUBTOTAL (1)</b> (\$) 0.00  |          |   |                          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| Large Entity   |          | Small Entity  |                          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)                 |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1202   | 18       | 2202  | 9                        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1201   | 86       | 2201  | 43                       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1203   | 290      | 2203  | 145                      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1204   | 86       | 2204  | 43                       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| 1205   | 18       | 2205  | 9                        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| <b>SUBTOTAL (2)</b> (\$) 0.00  |          |   |                          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| <b>SUBMITTED BY</b>  |          | <b>(Complete if applicable))</b>  |                          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| Name (Print/Type) Peng Chen  |          | Registration No. (Attorney/Agent) 43,543  | Telephone (858) 720-5117 |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |
| Signature  |          | Date  | July 29, 2004            |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |        |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |  |  |

sd-211779



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND COMPOSITIONS FOR ASSAYING HOMOCYSTEINE**

the specification of which was filed on March 15, 2004 as Application No. 10/801,623.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment, if any, specifically referred to herein.

I acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

**FOREIGN PRIORITY CLAIM**

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

- ☒ no foreign applications have been filed
- ☐ foreign application have been filed as follows:

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

| Application Number | Country | Date of Filing | Priority Claimed<br>Under 35 USC 119 |
|--------------------|---------|----------------|--------------------------------------|
|                    |         |                | Yes No                               |

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

| Application Number | Country | Date of Filing |
|--------------------|---------|----------------|
|                    |         |                |

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### CLAIM FOR BENEFIT OF EARLIER U.S. PROVISIONAL APPLICATIONS

I hereby claim priority benefits under Title 35, United States Code §119(e), of any United States provisional patent application(s) listed below:

- ☐ no U.S. provisional applications have been filed.
- ☒ U.S. provisional application have been filed as follows:

| Application Number | Date of Filing | Priority Claimed Under 35 USC 119                                   |
|--------------------|----------------|---|
| 60/486,865         | July 10, 2003  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                    |                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

### CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, §120 of the United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information that is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56 which became available to me between the filing date of the prior application and the national or PCT international filing date of this application:

- ☒ no U.S./PCT applications have been filed.
- ☐ U.S./PCT application have been filed as follows:

| Application Number | Date of Filing | Status (Patented/Pending/Abandoned) |
|--------------------|----------------|-------------------------------------|
|                    |                |                                     |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint:

All practitioners at Customer Number 25225

all of Morrison & Foerster LLP, 3811 Valley Centre Drive, Suite 500, San Diego, California 92130, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to

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make alterations and amendments therein, to receive the patent, and to transact all business in the U. S. Patent and Trademark Office connected therewith.

Please mail all correspondence to Peng Chen, whose address is:

**Morrison & Foerster LLP**  
3811 Valley Centre Drive, Suite 500  
San Diego, California 92130

Please direct telephone calls to: Peng Chen at (858) 720-5117.

Please direct facsimiles to: (858) 720-5125

|  |                |
|--|----------------|
| Full name of sole or first inventor<br><b>Chong-Sheng YUAN</b>                       |                |
| Sole or first inventor's signature<br><i>Chong Yuan</i>                              | Date<br>7/6/04 |
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| Full name of second inventor, if any<br><b>Abhijit DATTA</b>                     |                |
| Second inventor's signature<br><i>Abhijit Datta</i>                              | Date<br>7/6/04 |
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| Full name of third inventor, if any<br><b>Chao DOU</b>                               |                |
| Third inventor's signature<br><i>Chao Dou</i>  | Date<br>7/6/04 |
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